2FW



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| In re Application of: |) | |
|-------------------------------|---|--------------------------------------|
| | : | Examiner: Hoang X. Ngo |
| Minoru Matsuguma, et al. | : | - |
| • |) | Art Unit: 2852 |
| Application No.: 10/682,078 | : | |
| |) | Notice of Allowance: August 20, 2004 |
| Filed: October 10, 2003 | : | Confirmation No. 9491 |
| |) | |
| For: METHOD OF DETECTING LIFE | : | |
| OF IMAGE BEARING MEMBER, |) | |
| IMAGE FORMING APPARATUS, AND | : | |
| CARTRIDGE |) | September 7, 2004 |
| Mail Stop Issue Fee | | |
| Commissioner for Patents | | |

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment After Allowance and clean and marked-up copies of a substitute specification in the above-identified application.

X No additional fee is required.

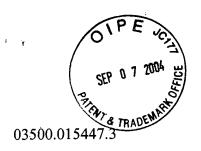
The fee has been calculated as shown below:

| | | _ | CLAIMS AS AMENDED | | | |
|--|--|-------|--|-------------------------|----------------|-------------------|
| | (2) CLAIMS REMAINING AFTER AMENDMENT | | (4) HIGHEST NO. PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | 12 | MINUS | 20 | = 0 | x \$9 \$18 | \$0.00 |
| INDEP. CLAIMS | 1 | MINUS | 3 | = 0 | x \$43 \$86 | \$0.00 |
| Fee for Multiple Dependent claims \$145°/\$290 | | | | \$0.00 | | |
| | | | TOTAL ADDITIONAL FI | | | \$0.00 |

| °Verified Statement claiming small entity status is enclosed, if not filed previously. |
|---|
| A check in the amount of is enclosed. |
| Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed. |
| Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed. |
| A check in the amount of \$ to cover the fee for a month extension is enclosed. |
| A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed. |
| Applicants' undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below. Respectfully submitted, Attorney for Applicants Gary M. Jacobs Registration No. 28,860 |
| |

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza
New York, New York 10112-3801

DC_MAIN 176947v1



Alexandria, VA 22313-1450

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| Commissioner for Patents | | |
| P.O. Box 1450 | | |

AMENDMENT AFTER ALLOWANCE

Sir:

Prior to payment of the Issue Fee, please amend the application as follows.